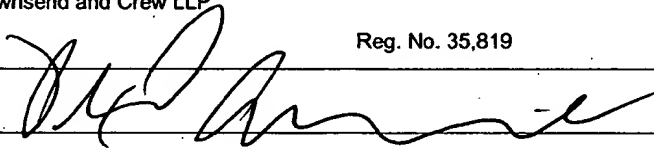
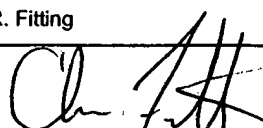


|   |   |                        |                 |
|---|---|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |   | Application Number     | 09/658,771      |
|   |   | Filing Date            | 09/11/2000      |
|   |   | First Named Inventor   | Yarlagadda      |
|   |   | Art Unit               | 2664            |
|   |   | Examiner Name          | Mew, K. D.      |
| Total Number of Pages in This Submission  | 2 | Attorney Docket Number | 017887-006000US |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1) Return Postcard<br>2) PTO/SB/83 Request to Withdraw as Attorney |
| Remarks   |  | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual                         | Townsend and Townsend and Crew LLP<br>Phillip H. Albert                              |
| Signature                                  |  |
| Date                                       | August 24, 2005  |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |      |                 |
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| Typed or printed name   | Christopher R. Fitting  |      |                 |
| Signature   |  | Date | August 25, 2005 |

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

09/658,771

Filing Date

September 11, 2000

First Named Inventor

YARLAGADDA, MADHU

Art Unit

2664

Examiner Name

Kevin D. Mew

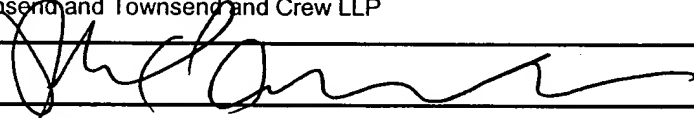
Attorney Docket Number

017887-006000US

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| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                 | <input checked="" type="checkbox"/> Status Letter                                       |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Return Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____  | Copy of Issue Fee Transmittal with OIPE date stamp                                      |
|   | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

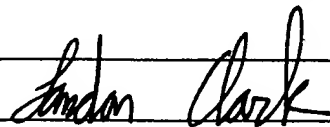
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP   |          |        |
| Signature    |  |          |        |
| Printed name | Philip H. Albert   |          |        |
| Date         | June 17, 2005  | Reg. No. | 35,819 |

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Landon Clark

Date

June 17, 2005

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06/29/2004

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**Julie Taylor Clough**

(Depositor's name)

**Julie Taylor Clough**

(Signature)

**September 29, 2004**

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/658,771      | 09/11/2000  | Madhu Yarlaga        | 17887-006000        | 4424             |

TITLE OF INVENTION: VOICE INTEGRATED VOIP SYSTEM

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$0             | \$1330           | 09/29/2004 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| MEW, KEVIN D | 2664     | 370-352000     |

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1 Brian N. Young****2 Townsend and Townsend  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Yahoo! Inc.****Sunnyvale, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies **10**

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **20 1430** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

**Brian N. Young, Reg. 48,602 September 29, 2004**

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**10/05/2004 GWORDF2 00000127 201430 09658771****01 FC:1501****1330.00 DA****02 FC:8001****30.00 DA**

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PATENT  
Docket No.: 017887-006000US

On Sept. 29, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Julie Taylor Clough

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: -

YARLAGADDA et al.

Application No.: 09/658,771

Filed: September 11, 2000

For: VOICE INTEGRATED VOIP  
SYSTEM

Examiner: Kevin D. Mew

Art Unit: 2664

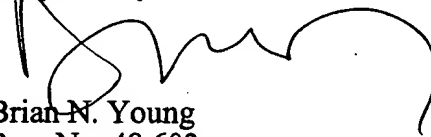
LETTER TO OFFICIAL DRAFTSPERSON

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Pursuant to the Notice of Allowability mailed June 29, 2004, Applicant submits 9 sheets of formal drawings to be made of record in the above-identified case.

Respectfully submitted,

  
Brian N. Young  
Reg. No. 48,602

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: (415) 576-0200  
Fax: (415) 576-0300  
BNY:jtc  
60320770 v1

# 11 9-26-05

# FAX TRANSMISSION

**DATE:** September 21, 2005

**PTO IDENTIFIER:** Application Number 09/658,771  
Patent Number

**Inventor:** Madhu Yarlagadda et al.

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) - 273-8300

**FROM:** DARBY & DARBY P.C.  
John W. Branch

**PHONE:** (206) 262-8900

**Attorney Dkt. #:** 08226/0203351-US0

**PAGES (Including Cover Sheet):** 4

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Application No. (if known): 09/658,771

Attorney Docket No.: 08226/0203351-US0

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